

# ***“Slips, Trips and Falls: Help to Prevent Them All”***

## **Presented by:**

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## **PERSONAL FALL RISK CHECKLIST**

1. Have you fallen in the past 6 months? Yes \_\_\_\_ No \_\_\_\_
2. Do you feel unsteady reaching for objects overhead? Yes \_\_\_\_ No \_\_\_\_
3. Do you have difficulty or dizziness getting up from a chair? Yes \_\_\_\_ No \_\_\_\_
4. Do you have difficulty picking objects up from the floor? Yes \_\_\_\_ No \_\_\_\_
5. Are you unsteady with quick turns or on uneven ground? Yes \_\_\_\_ No \_\_\_\_
6. Are you unsteady at night when lighting is low? Yes \_\_\_\_ No \_\_\_\_
7. Do you take 4 or more medications daily? Yes \_\_\_\_ No \_\_\_\_
8. Does your alcohol use affect your balance? Yes \_\_\_\_ No \_\_\_\_
9. Have you noticed a decrease in hearing? Yes \_\_\_\_ No \_\_\_\_
10. Have you noticed a decrease in vision? Yes \_\_\_\_ No \_\_\_\_
11. Have you had a recent illness or injury that has caused a lifestyle change? Yes \_\_\_\_ No \_\_\_\_
12. Do you have a chronic neurological condition or other chronic medical problem? Yes \_\_\_\_ No \_\_\_\_
13. Do you have a condition that affects feeling in your feet or ankles? Yes \_\_\_\_ No \_\_\_\_
14. Have you become fearful of walking or leaving your home due to decreased sense of balance? Yes \_\_\_\_ No \_\_\_\_

Your risk to fall increases with the greater number of "yes" answers. Consult your primary care provider with concerns. He or she may help you address medical issues and/or refer you to your local Balance Center or Physical Therapy program to address physical needs.

Please see Home Safety Checklist for additional risk assessment.  
Developed by the NH Falls Risk Reduction Task Force, 1-800-852-3345 ext 4700



## Emergency Preparation

Not all falls can be prevented. With some planning, however, you can have some things in place to reduce the severity of an injury if you do fall.

- **Have a personal alert system if possible.**
- **Have telephones (or cell phones) accessible.**
- **Have a "daily check" system in place with a friend or neighbor.**
- **If you feel yourself falling, drop anything in your hands and use your hands to break your fall.**
- **After a fall, try to assess your situation before moving to prevent further injury to any affected parts.**
- **Later, think about what happened to prevent future injuries.**



## Activity and Exercise

Physical activity has been proven to prevent declines in health and physical ability as we age. Moderate physical activity - about thirty minutes per day - can help you live longer, and enjoy your life more. This doesn't mean that you have to take up a new sport, buy new exercise equipment, or join a health club. The chart below lists a variety of activities and which of the benefits it provides. This is only a sample of the types of activities you can get involved with.

**REMEMBER: Check with your health care provider before you begin any new physical activity.**

<u>ACTIVITY</u>	<u>Overall Well-being</u>	<u>Strength</u>	<u>Balance</u>	<u>Endurance</u>	<u>Social Benefits</u>
Bicycling	•	•	•	•	p
Bowling	•		•		•
Dancing	•	p	•	p	•
Exercise Routine	•	•	•	•	p
Gardening	•	p	p	p	p
Golf	•		•	•	•
Jogging	•	•	•	•	p
Rowing/Canoe	•	•		•	p
Skiing/X-Country	•	•	•	•	p
Swimming	•	•		•	p
Tai Chi/Yoga	•	•	•		p
Tennis	•	•	p	p	•
Walk/Hike	•	p	•	•	p
Weight Training	•	•	•	•	p

**Key: • = Activity provides benefit**

**p = Activity can possibly provide benefit, depending on how it is done.**



## In the Home: SAFE HOUSE TOUR

(Please Check: YES/NO)

### Kitchen

#### SAFE UNSAFE

1. Are drawers and cupboards closed to avoid bumping into them? Yes \_\_\_ No \_\_\_
2. Is the floor made of no-slip material? Yes \_\_\_ No \_\_\_
3. Do floor mats have a slip resistant backing? Yes \_\_\_ No \_\_\_
4. **Are spills cleaned up quickly to prevent slipping?** Yes \_\_\_ No \_\_\_
5. **Is a washed floor allowed to dry before walking on it?** Yes \_\_\_ No \_\_\_
6. **Are regularly used items reachable without climbing, bending, or stooping?** Yes \_\_\_ No \_\_\_
7. **If there is a step stool, does it have a wide leg base, rubber tips, and handrails?** Yes \_\_\_ No \_\_\_
8. **Is there good lighting around the stove, sink, and counters, but doesn't cause a glare?** Yes \_\_\_ No \_\_\_
9. Can you easily carry hot food from the stove to the table? Yes \_\_\_ No \_\_\_
10. Are electrical cords from appliances safely stored and off the floor? Yes \_\_\_ No \_\_\_

### Hallway and Stairway

#### SAFE UNSAFE

1. **Are sturdy and graspable railings, at least waist-high, provided along both sides of stairways, including the stairs to the basement?** Yes \_\_\_ No \_\_\_
2. **Are stairs in good repair?** Yes \_\_\_ No \_\_\_
3. Are stairs free of clutter? Yes \_\_\_ No \_\_\_
4. Is bright, non-skid tape placed on the top and bottom steps to indicate where they begin and end? Yes \_\_\_ No \_\_\_
5. Are step surfaces non-skid and even? Yes \_\_\_ No \_\_\_
6. Are all carpets and runners secured? Yes \_\_\_ No \_\_\_
7. **Are light switches at the top and bottom of the stairs?** Yes \_\_\_ No \_\_\_
8. **Is the outline of each step clearly visible?** Yes \_\_\_ No \_\_\_
9. **Is the hallway and stairway adequately lit?** Yes \_\_\_ No \_\_\_
10. **If there is a change in the level between rooms, is it easily seen?** Yes \_\_\_ No \_\_\_

### Bathroom

#### SAFE UNSAFE

(\*Indicates easy to correct)

(**BOLD** indicates key items)

- \*1. **Do the tub and shower have rubber mats, non-skid strips or non-skid surfaces?** Yes \_\_\_ No \_\_\_
- \*2. Are towels, shampoo, and soap within easy reach? Yes \_\_\_ No \_\_\_
- \*3. Is the use of bath oil or creams in the shower or tub avoided to make it less slippery? Yes \_\_\_ No \_\_\_
4. **Is there a grab bar on the wall or the side of the tub or shower, which is both properly installed and designed to**

- hold the weight of a person?** Yes \_\_\_ No \_\_\_
5. Is there a tub seat? Yes \_\_\_ No \_\_\_
6. Is there a portable hand held showerhead? Yes \_\_\_ No \_\_\_
7. **Is there an appropriate toilet seat and grab bars around the toilet?** Yes \_\_\_ No \_\_\_
8. **Is the floor slip-resistant? Is it free of loose rugs and loose tiles?** Yes \_\_\_ No \_\_\_
9. **Is there a way to prevent slippery floors after bathing?** Yes \_\_\_ No \_\_\_
- \*10. **Are electrical cords from appliances safely stored and off the floor?** Yes \_\_\_ No \_\_\_

## Bedroom

## SAFE UNSAFE

- \*1. **Is there a well-lit pathway from the bedroom to the bathroom?** Yes \_\_\_ No \_\_\_
- \*2. **Do you have a light or flashlight within easy reach of the bed?** Yes \_\_\_ No \_\_\_
- \*3. Is there a telephone that's easy to reach from the bed? Yes \_\_\_ No \_\_\_
- \*4. **If there are extension cords, are they secured to the wall, not across the floors or under carpets?** Yes \_\_\_ No \_\_\_
5. **Is there something sturdy to hold on to next to the bed to assist in getting in and out?** Yes \_\_\_ No \_\_\_
6. Are small rugs secured with carpet tape or non-skid backing? Yes \_\_\_ No \_\_\_
7. Is there a bedside table for glasses, books, etc rather than cluttering the floor beside the bed? Yes \_\_\_ No \_\_\_
- \*8. If a cane or walking device is needed, is it kept at hand but not in the way? Yes \_\_\_ No \_\_\_

## Living Room/General Living Areas

## SAFE UNSAFE

1. Are the carpets flat and in good condition? Yes \_\_\_ No \_\_\_
2. Are small rugs and runners secured with carpet tape or non-skid backing? Yes \_\_\_ No \_\_\_
- \*3. Is the furniture placed to allow wide walkways? Yes \_\_\_ No \_\_\_
- \*4. Are walkways clear of tripping hazards such as low furniture, grandchildren's toys and electrical and telephone cords? Yes \_\_\_ No \_\_\_
- \*5. **Are walkways well lit?** Yes \_\_\_ No \_\_\_
6. **Are chairs and sofas high enough for easy sitting and standing?** Yes \_\_\_ No \_\_\_
7. **Are the chairs and tables stable enough to support weight if leaned on?** Yes \_\_\_ No \_\_\_
8. **Is the light within easy reach when entering each room?** Yes \_\_\_ No \_\_\_

(\*Indicates easy to correct)

(BOLD indicates key items)

## Entrances and Outdoor Walkways

## SAFE UNSAFE

1. Are the outdoor stairs and walkways free from cracks, dips, obstacles, leaves, ice, snow and holes? Yes \_\_\_ No \_\_\_

- Yes \_\_\_ No \_\_\_  
Yes \_\_\_ No \_\_\_  
Yes \_\_\_ No \_\_\_

<u>SAFE</u>	<u>UNSAFE</u>
<p>1. <b>Safe</b> to use in a <b>safe</b> environment</p> <p>2. <b>Safe</b> to use in a <b>safe</b> environment</p> <p>3. <b>Safe</b> to use in a <b>safe</b> environment</p> <p>4. <b>Safe</b> to use in a <b>safe</b> environment</p> <p>5. <b>Safe</b> to use in a <b>safe</b> environment</p> <p>6. <b>Safe</b> to use in a <b>safe</b> environment</p> <p>7. <b>Safe</b> to use in a <b>safe</b> environment</p> <p>8. <b>Safe</b> to use in a <b>safe</b> environment</p> <p>9. <b>Safe</b> to use in a <b>safe</b> environment</p> <p>10. <b>Safe</b> to use in a <b>safe</b> environment</p>	<p>1. <b>Unsafe</b> to use in a <b>safe</b> environment</p> <p>2. <b>Unsafe</b> to use in a <b>safe</b> environment</p> <p>3. <b>Unsafe</b> to use in a <b>safe</b> environment</p> <p>4. <b>Unsafe</b> to use in a <b>safe</b> environment</p> <p>5. <b>Unsafe</b> to use in a <b>safe</b> environment</p> <p>6. <b>Unsafe</b> to use in a <b>safe</b> environment</p> <p>7. <b>Unsafe</b> to use in a <b>safe</b> environment</p> <p>8. <b>Unsafe</b> to use in a <b>safe</b> environment</p> <p>9. <b>Unsafe</b> to use in a <b>safe</b> environment</p> <p>10. <b>Unsafe</b> to use in a <b>safe</b> environment</p>

- Yes \_\_ No \_\_
- Yes \_\_ No \_\_
- Yes \_\_ No \_\_  
Yes \_\_ No \_\_
- Yes \_\_ No \_\_  
Yes \_\_ No \_\_  
Yes \_\_ No \_\_  
Yes \_\_ No \_\_

(**BOLD** indicates key items)

**Please indicate areas needing attention. Include a brief correction plan and if an alteration has been made.**

[illegible]

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